

APR 22 2002

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HDP/SB/21 based on PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/775,069

Filing Date 1/1/2001

First Named Inventor G. Mourou

Group Art Unit 1725

Examiner Name G. Evans

Total Number of Pages in This Submission

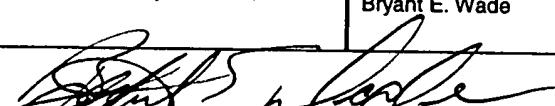
Attorney Docket Number 2115D-000939/DVD

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0700. A duplicate copy of this sheet is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

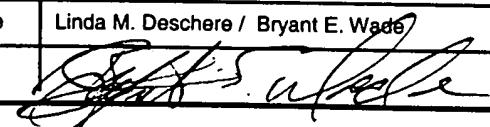
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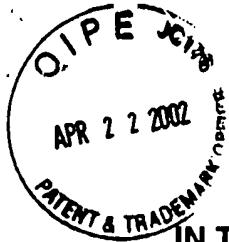
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Linda M. Deschere Bryant E. Wade	Reg. No. 34,811 40,344
Signature			
Date	April 12, 2002		

CERTIFICATE OF MAILING/TRANSMISSION

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Typed or printed name	Linda M. Deschere / Bryant E. Wade		
Signature		Date	April 12, 2002



#121C
7/15/02

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/775,069

Filing Date: February 1, 2001

Applicant: G. Mourou

Group Art Unit: 1725

Examiner: G. Evans

Title: METHOD FOR CONTROLLING CONFIGURATION OF
LASER INDUCED BREAKDOWN AND ABLATION

Attorney Docket: 2115D-000939/DVD

Commissioner of Patents and Trademarks
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Office Action mailed March 13, 2001, please amend the application as follows and consider the remarks set forth below.

IN THE CLAIMS

Submission of Original Patent Claims

The Office Action states that claims 1-45 of the original patent no. 5,656,186 are missing from this reissue application which is required under 37 CFR 1.177(b). Claims 1-45 are submitted herewith:

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